

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2001

620
Lobbyist's Registration Number**FOR OFFICE USE ONLY**

Postmark Date: 12-5-00

Receiv
#1000
KSD

1001724

Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Shields Lloyd N.
Last First MI

2. BUSINESS PHONE 504-581-4445
Area Code and Phone Number

3. BUSINESS ADDRESS 650 Poydras St., Suite 2400, New Orleans, Louisiana 70130
Street and No. City State Zip

MAILING ADDRESS _____
Street and No. City State Zip

4. EMPLOYER Shields Matt Lund, L.L.P.

5. EMPLOYER'S ADDRESS 650 Poydras St., Suite 2400, New Orleans, Louisiana 70130
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name SPRINT PCS
Address 1341 West Mockingbird Lane, Suite 600M, Dallas, Texas 75247

Business or purpose TELECOMMUNICATIONS

Does this person pay you? yes

If No, who pays you? _____

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name SPECTRASITE SERVICES

Address 3636 I-10 Service Road, Suite 303, Metairie, Louisiana 70001

Business or purpose TELECOMMUNICATIONS

Does this person pay you? yes

If No, who pays you? _____

3. Name NEXTEL COMMUNICATIONS

Address 3540 I-10 Service Road, Suite 200, Metairie, Louisiana 70001

Business or purpose TELECOMMUNICATIONS

Does this person pay you? yes

If No, who pays you? _____

4. Name _____

Address _____

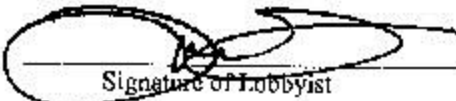
Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY